DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

TB Notes
No. 4, 2002

Dear Colleague:

As of this writing, Congress still has not approved the fiscal year 2003 federal agency appropriations. We have been operating under a continuing resolution since October 1, 2002. However, 36 congressmen have signed and forwarded a letter to the chairman of the subcommittee on labor, HHS, and education appropriations, urging an increase of at least $50 million for TB control at CDC. In another budgetary item, the consultants in the Field Services Branch (FSB) have finished conducting their reviews of the TB elimination cooperative agreement applications for FY 2003 and have made their funding recommendations to the CDC Procurement and Grants Office. We appreciate the hard work that goes into the preparation of these applications.

The November issue of CDC's peer-reviewed journal, *Emerging Infectious Diseases*, is now available online at http://www.cdc.gov/ncidod/eid/index.htm, and should also be available for ordering by November 15. We will be sending copies to state TB controllers and others who routinely receive mail-outs from DTBE. As you know, this issue is devoted to TB. More specifically, it is dedicated to the research that was conducted through the National Tuberculosis Genotyping and Surveillance Network (NTGSN). In addition to the outstanding articles themselves, there is a remarkable essay on TB, entitled "At the Deathbed of Consumptive Art," by D.M. Morens. I strongly recommend this issue, and I applaud the hard work and dedication that went into it. Congratulations to all the NTGSN collaborators for a job well done!

On September 26, several members of the Advisory Council for the Elimination of Tuberculosis (ACET) met with Dr. Eve Slater, Assistant Secretary for Health of the Department of Health and Human Services, to present ACET's concerns about TB control in the United States. This meeting had originally been scheduled for last fall but was postponed after the events of September 11. The group traveling to Washington, DC, for the meeting consisted of Drs. Charles Nolan, Masae Kawamura, and Charles Wallace; I accompanied them, as did Dr. Harold Jaffe, Director of the National Center for HIV, STD, and TB Prevention (NCHSTP). Our goal was to bring four major issues to Dr. Slater's attention: the gap in funding for TB prevention, control, and elimination; the high incidence of TB in the southeastern United States and in U.S.-born African Americans; the challenges faced in low-incidence states; and the need for new TB drugs and diagnostic tools. I am happy to report that Dr. Slater expressed interest in our presentation and comments, and that we achieved our goal of raising awareness about TB with Dr. Slater and her staff.

The 33rd International World Conference on Lung Health was held October 6-10, 2002, in Montreal, Canada. On October 5, before the opening of the World Conference, the Third Meeting of the Stop TB DOTS Expansion Working Group was held. The group met to review the status of TB control and DOTS expansion in the world, identify and discuss constraints, review the financial situation of TB control, and discuss specific program activities with representatives from the 22 high-burden countries. CDC staff participated in these key discussions. On October 6 the World Conference began, and included a wide variety of postgraduate courses, symposia, poster presentations, and plenary sessions for participants. On October 7, staff of the Prevention Effectiveness section of the DTBE Research and Evaluation Branch conducted a postgraduate course entitled "Using Logic Models for Program Planning and Evaluation." Based on evaluation principles described in the CDC Framework for Program Evaluation in Public Health, the course was coordinated by Noreen Qualls and team-taught by Maureen Wilce, Robin Shrestha-Kuwahara, Audrey Reichard, and Heather Joseph. The one-day training session taught the 36 participants to develop and use logic models (graphic representations of program needs, operations, and expected outcomes) in order to effectively plan and evaluate programs. Through interactive case study exercises, course participants developed logic models to describe programs and then used the logic models to prioritize issues for specific examination. CDC staff served as faculty for other postgraduate courses as well, including "Basic Laboratory Techniques for Tuberculosis Control Programs" and "TB Training Programme Evaluation Course." In addition, CDC staff gave symposia presentations such as "Emergence of HIV in Russia: Implications for Increasing Rates of MDRTB" and "Working with Private Physicians: The New York Story." CDC staff also coordinated a display of TB education and training materials throughout the conference, as well as a TB education and training materials discussion session. CDC was further represented by a number of staff who presented and discussed recent research findings through poster presentations in a variety of subject areas during the conference.

I am pleased to announce the availability of *CDC's Response to Ending Neglect*. This 62-page document identifies the specific goals, objectives, and action steps that CDC will be pursuing to make TB elimination a reality in the United States, and will serve as a guide for CDC in these efforts. This document is the result of an inclusive process of reflection, discussion, and collaboration between professional staff within NCHSTP, the National Center for Infectious Diseases (NCID), the Public Health Practice Program Office (PHPPO), the National Institute for Occupational Safety and Health (NIOSH), and the National TB Controllers Association (NTCA). It represents our shared vision of what should be accomplished, and what can be accomplished, in the important campaign to control and eliminate TB in the United States. The report is posted on the DTBE Web site, http://www.cdc.gov/nchstp/tb.

I am also pleased to report the availability of *Reported Tuberculosis in the United States, 2001,* which provides data on U.S. TB cases for the year 2001. This is also available on the DTBE Web site at http://www.cdc.gov/nchstp/tb/surv/surv2001/default.htm. I would like to thank the staff of DTBE's Surveillance and Epidemiology Branch for their continued

excellent work on this important annual publication.

In particular, I wish to congratulate Gloria Kelly, who has had primary responsibility for this report for the past several years and has brought it to its current outstanding and polished form. At the end of this year, Gloria will be retiring, with 34 years of service to CDC. We are also saying goodbye to Ken Shilkret, TB Controller for New Jersey, who retires this year as well. Ken has had 40 years of federal service, 38 as a public health advisor with CDC. For his unflagging commitment to TB control, he was recently given a "TB Icon" award (John Seggerson was the first recipient of this honor), in addition to the many other awards he has received. It has been a pleasure to know and work with two such dedicated and committed persons, and we wish Gloria and Ken all the best in their retirements.

Kenneth G. Castro, MD

In This Issue

NOTE: The use of trade names in this issue is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

TB Notes

Centers for Disease Control and Prevention
Atlanta, Georgia 30333

Division of TB Elimination ◆ National Center for HIV, STD, and TB Prevention

Number 4, 2002

HIGHLIGHTS FROM STATE AND LOCAL PROGRAMS

Chasing the "Big Case" in Missouri's State Correctional System

In July 2001, the Potosi Correctional Center, a 2,000-bed maximum-security prison in Missouri, noted an increase in skin-test conversions among its inmates. Staff and inmates are skin tested each year on their date of birth. Of 72 people tested in July, 5 conversions were found. This compared to a single converter in a typical month, or zero in some months. Prison staff immediately assumed that this represented recent TB transmission from an inmate or staff member with active TB who was or had been at that facility. To place this situation in context, in 2000 an active case had been found in another correctional center in the state only after an exhaustive search had been conducted and over 100 inmates and six staff had become infected. The memory of that experience was still fresh in the minds of all involved.

In August 2001 the Department of Corrections staff decided to conduct mass testing in the Potosi facility after consulting with the Department of Health and Senior Services' TB program staff. Of 545 tuberculin skin tests placed, 24 were positive. Upon making this troubling discovery, the medical staff at the Potosi facility conducted reviews of signs and symptoms of the previous positives and tried to collect sputum samples from them. The staff also gave chest x-rays to those with new positive skin tests, and evaluated them. However, the source case still was not identified. The medical staff of the facility began obtaining chest x-rays on all inmates who were considered high risk, even if they were not recent converters. High risk was defined as HIV-positive persons, diabetics, elderly persons, and those with other chronic ailments. Also, anyone with any possible signs and symptoms had a chest x-ray; even old x-rays were reviewed again. The chase for the source case continued. The state TB program staff and the correctional medical staff spent hours together trying to determine any links. The continual movement of inmates within the facility and to and from other correctional centers made it difficult, at best, to conduct a case-finding investigation.

In the mean time, 31 additional converters of 222 tested were found from September through December 2001 in the same facility. Throughout this process, at least two inmates were thought to be the source case. One of them was an HIV-infected man who had said he had been coughing, and another was an elderly inmate who had converted in the past and had been treated for latent TB infection. However, neither of these individuals had active TB disease.

In January 2002, the teams from the state TB

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program staff and the correctional medical staff met jointly to review the actions that had been taken thus far and to assess what else could be done to find the suspected source case. A recommendation was made to determine if the recent converters had been housed in the same area or the same work program. Also, chest x-rays with the slightest abnormality were reread by a physician with expertise in tuberculosis; approximately 40 such chest x-rays were read by this expert. But still, an active disease case was not found. Also, no common links could be established for identifying a source case. The group even briefly considered screening visitors for signs and symptoms of TB. However, the teams decided that this would only be a last resort if all other approaches failed. TB control staff asked if prison staff had changed antigens, but they were still using the same product (Tubersol). When asked about the employees who were administering and reading the skin tests, prison staff replied that they were experienced nurses who were competent with their skin testing techniques. The group attempted to identify the lot numbers that they used, but found that the nursing staff members had not been recording the lot numbers, given the number of tests that they administer.

A decision was made to consult with other experts regarding the search for the source case. The individuals contacted included an infectious disease physician in Springfield, Missouri, and Dr. John Bass, chair of the Department of Internal Medicine at the University of South Alabama in Mobile, Alabama. Dr. Bass said that in a low-prevalence area such as Missouri, false positives are always a possibility. The infectious disease physician recommended repeating the tests on all the recent converters, using the Tubersol product. Determined to investigate every possibility, the prison/health department team proceeded with the retesting. The results of this effort showed that only 12 of the 50 retested inmates had positive results. Based upon this finding, the state TB control staff and correctional medical staff decided that the increase in converters was probably attributable to false positive skin tests.

This situation in Missouri involving false positives gives further evidence that the skin test is far from perfect, and reminds us that a number of factors can cause false-positives. While the exact cause of the false positives remains unknown, the theory that seems most plausible to those who were involved is that there was

some irregularity with the reagent lot. The steps being taken to address this situation are as follows:

- The group will recommend that lot numbers be recorded when skin tests are administered.
- As a precaution, not because the nurses' techniques appeared to be at fault, the nurses in the Potosi correctional facility and other correctional facilities received a refresher course on administering and reading Mantoux skin tests.
- Guidelines on storing reagents will be distributed to medical staff in the state correctional facilities.
- A work group of TB experts (including state health department and prison representatives) will develop an action plan to address similar problems in the future.

Although this episode was lengthy and frustrating, it is believed that it proceeded as smoothly as it did because of the congenial relationship between the prison staff and the health department staff. This long and successful collaboration is considered to be an important key in Missouri's TB control efforts.

—Submitted by Vic Tomlinson
and Lynelle Phillips, R.N., M.P.H.
Missouri Department of Health and Senior Services
TB Control Program

Reference

TB Monitor. 2002 (April); 9 (4): 39-42.

U.S.-Mexico Patient Referral System: Collaboration for Completion

In 2000, persons from Mexico accounted for 24% of the nation's TB cases among foreign-born persons. Completion of therapy among segments of this population is especially challenging because of the movement of patients across state or national borders owing to work, family, or immigration issues. Two organizations, the San Diego County TB Program (SDCTBP) and the Migrant Clinicians Network (MCN), have developed U.S.-based systems to assist mobile patients continue care and are working with the CDC, the Mexican National TB Program, and other partners, such as Proyecto Juntos in Ciudad Juarez, Mexico, to create a comprehensive bilateral referral network.

MCN is a private, nonprofit organization based in Austin, Texas, that, since 1984, has been working with health professionals serving migrant populations. The TBNet tracking and referral system, started in 1995, is one of the health tracking projects of MCN and is coordinated by Jeanne Laswell, RN, BSN. The SDCTBP operates the CureTB referral system as part of the county TB program's Binational Unit with Alberto Colorado, BS, as the project coordinator. CureTB has been offering referral services to all American states since 1997.

In April 2002 the SDCTBP and MCN signed a memorandum of understanding (MOU) to clarify roles and to promote collaboration between the two systems. The MOU key elements are as follows:

- TB cases referred from Mexico to the United States will be referred via CureTB.
- TBNet will retain operations as currently in place for migrant populations moving within the United States.
- TB cases referred from the United States to Mexico will be referred via CureTB. (exceptions are most cases originating in Texas or New Mexico, or those where TBNet has followed the patient for $\geq$2 months of treatment in the United States).

- Referrals related to the Immigration and Naturalization Service (INS) will follow the existing geographic division of labor.
- TBNet will refer to destination countries other than Mexico.

Referral data for TB cases (not LTBI or contacts) in 2001 are summarized in the table below.

	TBNet	CureTB
U.S. to Mexico referrals	13	125
Mexico to U.S. referrals	NA	38
U.S. interstate referrals	23	NA
U.S. to countries other than Mexico	12	5*

*No longer offered by CureTB

Although not addressed by the MOU, each program offers other TB referral and information services. For example, TBNet tracks LTBI therapy among mobile U.S.-based migrant groups, while CureTB tracks all Class A immigrants originating in Mexico. Both systems can assist with contact referrals within their area of focus. For more information about TBNet contact Jeanne Laswell at 1 (800) 825-8205 and, for CureTB, contact Alberto Colorado at (619) 692-5710. Referral forms currently in use by the programs are available by request.

A project to evaluate aspects of the U.S.-Mexico referral process is currently being funded by the CDC under the direction of Dr. Kayla Laserson in DTBE's International Activities office. As part of the process, Mexico has expressed its intention to develop and implement a counterpart referral unit in the near future. It is hoped that current efforts will result in improved continuity of care for mobile patients and a strengthening of collaboration between all partners, and will become a model for other types of public health referrals and for referrals between other nations.

—Submitted by Kathleen Moser, MD, MPH,
Chief, San Diego County TB Program,
Edward Zuroweste, MD,
Medical Director, Migrant Clinicians Network,
Fernando Gonzalez, MD, MPH,
Director, Project Juntos,
and Kayla Laserson, ScD, Div of TB Elimination

FSB's Cohort 2001 Public Health Advisor Recruitment Plan

From 1993 until 2000, there was no CDC-wide recruiting effort for the public health advisor (PHA) series. As a result, DTBE encountered increasing difficulty in identifying candidates for GS-9 and GS-11 positions in the diminishing pool of PHAs. To compound the problem, some of DTBE's senior field PHAs were being selected for headquarters positions, some had transferred to other CDC programs, some had retired, and others were approaching retirement eligibility. At the same time, the demand by state and local health departments for assignment of PHAs to serve as on-site technical program consultants and management assistants had not decreased.

In late 2000, the Field Services Branch (FSB) initiated a pilot PHA recruitment program with the hiring of ten persons into entry-level positions. The new PHAs began their assignments in the New Jersey, Florida, and Chicago TB control programs on January 14, 2001. The plan was to develop the PHAs over an initial training period, for up to 2 years, with on-the-job training and experience in TB elimination methods and program activities.

The new PHAs began their assignments working at the clinic level, gaining experience in surveillance and program operations. This included providing directly observed therapy, conducting contact investigations, and participating in targeted screening and treatment for latent tuberculosis infection. The new PHAs also learned to develop liaisons with public and private health care providers, hospitals, and laboratories. They participated in patient and public health education activities, such as health fairs and World TB Day activities at their sites.

The PHAs have been warmly accepted by their host areas. The areas have recognized that fostering the training experience is a benefit to their program. FSB is managing the program and is responsible for providing guidance, leadership, course work, and quality assurance during the training period.

Upon successfully completing the 2-year training program, the PHAs will transfer to other field duty stations for additional experience leading to development of competencies in TB program management. So far in 2002, promotions include reassignment to Columbia, South Carolina; Trenton, New Jersey; Berkeley, California; and Tallahassee, Florida. It is expected that the remaining cohort members will be reassigned soon. To date, the retention rate is 70% with the departure of two employees owing to personal circumstances and one transferring into another CDC program.

FSB expects to fill some of the open training positions with assignments to Chicago and Florida, and will continue to recruit as long as funds and positions are available.

—Reported by Rita Varga
Div of TB Elimination

UPDATE FROM THE COMMUNICATIONS AND EDUCATION BRANCH

TB ETN Second Annual Meeting and Workshop

On August 7-9, 2002, TB educators and trainers gathered in Atlanta, Georgia, for the second annual TB Education and Training Network (TB ETN) Meeting and Workshop. The theme of this year's workshop was "Reaching Key Audiences Through Innovative TB Education and Training Methods." The meeting and workshop were attended by approximately 85 TB ETN members representing TB programs, correctional facilities, federal agencies, universities, the American Lung Association, National TB Model Centers, and international organizations interested in TB education and training issues.

Participants were very pleased with the number of skills they learned during the workshop from the guest faculty such as Julie Wallace from Harborview Medical Center in Seattle, Washington, and Martha Alexander from CDC and Emory University. Highlights of the workshop included presentations from Kathy Hursen, Suzy Peters, and Judi Bulmer about educational materials their programs developed and lessons learned during the process. Participants also enjoyed the opportunity to share and discuss educational materials exhibited at the educational materials display.

During the meeting, participants had the opportunity to discuss and develop subcommittees and to make decisions about the future of TB ETN. Proposed subcommittees include Membership, Marketing and

Communications, Conference Planning, Cultural Competency, and Project Development Feedback.

For more information about the TB Education and Training Network, please contact Maria Fraire at (404) 639-5317 or mff8@cdc.gov. If you would like to join TB ETN, please send an e-mail requesting a registration form to TBETN@cdc.gov.

—Reported by Maria Fraire, MPH
Div of TB Elimination

UPDATE FROM THE LABORATORY

Reports of Nontuberculous Mycobacterial Infections Increasing in Community Settings

Whether owing to actual increased incidence or simply to greater awareness by infection control officers and diagnostic laboratories, reports of disease caused by nontuberculous mycobacteria (NTM) have been increasing. In particular, NTM-associated disease appears to be rising in community settings. However, actual incidence cannot be determined since disease from NTM is not reported in most states.

NTM are ubiquitous in the environment, with water considered the main source of infection. Standard water disinfection procedures are ineffective in removing NTM, which are relatively resistant to chlorine levels found in water distribution systems. NTM thrive in the biofilms that readily form inside faucets and pipes. False outbreaks are often reported due to either contamination of medical sampling equipment or water used for diagnostic procedures.

Person-to-person transmission has not been demonstrated. Humans can be exposed to infection through trauma, ingestion, or inhalation. There are approximately 90 recognized species of NTM, with over 20 known to cause disease in humans. Based on speed of growth, species have been divided into two main groups: slow growers (which include *M. avium*, *M. intracellulare, M. kansasii,* and *M. marinum*) and rapid growers (including *M. fortuitum, M. abscessus, M. chelonae,* and *M. mucogenicum*).

Several recent reports demonstrate the opportunistic nature and variety of community-based NTM infections:

- Between April and October 2000, an outbreak in northern California of *Mycobacterium fortuitum* furunculosis was associated with contaminated whirlpool footbaths at a nail salon. Microtrauma from shaving the legs before receiving pedicures was determined to be a risk factor for infection among 110 customers who had furunculosis of the lower extremities. High numbers of *M. fortuitum* were isolated from organic debris that had accumulated behind water inlet screens of the footbaths. Identical patient and footbath isolates were identified by pulsed-field gel electrophoresis (PFGE). Disturbingly, at least six other sporadic cases of furunculosis were reported at other California nail salons. A survey of whirlpool footbaths at other California salons revealed that at least one species of potentially pathogenic mycobacteria was present in most machines. The findings from the outbreak investigation, conducted jointly by the CDC and the California Department of Health, were presented in the May 2, 2002, issue of the *New England Journal of Medicine.*

- In May 2001, the American Academy of Ophthalmology issued an alert to its members in response to a CDC investigation of a cluster of *M. chelonae* keratitis cases involving four patients who underwent laser in-situ keratomileusis (LASIK) surgery. All the patients had the procedure performed at the same community-based refractive surgery center. Isolates from three patients were identical by PFGE, indicating a common source of infection. Contact lens fragments, used as masks during the procedure, were associated with infection but laboratory analysis of lenses with identical lot numbers failed to identify any contaminating organisms. The results of the investigation are reported in the December 2001 issue of the *Journal of Ophthalmology*.

- NTM of the *M. avium* complex (MAC), which are estimated to infect up to 50% of patients with AIDS, are increasingly being recognized as a cause of pulmonary disease in healthy individuals who use contaminated hot tubs. Presumably, the organisms are inhaled by means of aerosols generated from the circulating action in tubs. A cluster of "hot tub lung" infections among members of a family of five in Colorado is described in the November-December 2001 issue of CDC's *Emerging Infectious Diseases*. Maintaining hot tubs according to manufacturers' directions is essential for reducing the risk of infection.

- Staff of CDC and of the New York City Department of Health are currently investigating an outbreak of *M. abscessus* in patients who underwent a variety of unlicensed cosmetic procedures. Infections were linked to procedures done in both men and women seeking to remove wrinkles, reshape lips or noses, enlarge breasts, or simply lose weight. A Venezuelan couple, working out of an apartment on the East Side of Manhattan and a home in Queens, have been arrested and charged with performing medical treatments without a license, assault, fraud, and grand larceny. At least eight patients have been hospitalized with abscesses requiring drainage, leaving them disfigured. The investigating EIS officer, Reina M. Turcos, reported that most of the patients were immigrants from Latin America, where it is common for unlicensed physicians to perform cosmetic procedures.

Treatment of NTM disease varies by NTM species and is complicated by the fact that most species are naturally resistant to conventional antibiotics. A multidrug regimen with several antibiotics, including anti-TB drugs, is often required to achieve cure. Infections can be persistent with treatment lasting over 2 years with drug costs exceeding $5,000 a year.

—Reported by Mitchell Yakrus, M.S., M.P.H.
Div of AIDS, STD, and TB Laboratory Research,
National Center for Infectious Diseases

UPDATE FROM THE RESEARCH AND EVALUATION BRANCH

Update on Study 22

The major report from TB Trials Consortium (TBTC) Study 22 was published in the August 17 edition of *The Lancet*. The article presents the findings from the HIV-negative arm of this important trial,[1] which evaluated a regimen of

once-weekly isoniazid and rifapentine given during the continuation phase of therapy (from week 9 to week 24 of treatment), as an alternative to the standard twice-weekly regimen of isoniazid and rifampin. TBTC investigators found the once-weekly regimen to be safe and effective for HIV-negative patients without signs of advanced TB (i.e., those with no lung cavitation identifiable on chest x-ray).

Study 22 enrolled 1,004 HIV-negative patients with active TB disease who had completed 8 weeks of intensive TB therapy with the four frontline TB drugs – isoniazid, rifampin, pyrazinamide, and ethambutol. Enrolling sites were located in New York City, NY; Newark, NJ; Baltimore, MD; Atlanta, GA; San Diego, CA; Los Angeles, CA; Phoenix, AZ; Chicago, IL; Fort Worth, TX; Winnipeg, Canada; Denver, CO; Washington, DC; Durham, NC; Miami, FL; Little Rock, AR; Hines, IL; Houston, TX; San Antonio, TX; San Francisco, CA; Charlotte, NC; and Nashville, TN. Patients were randomly assigned to one of two groups during the 16-week continuation phase of TB treatment. One trial group received once-weekly isoniazid and rifapentine, the first new TB-specific drug approved by the Food and Drug Administration in 30 years. The other group received the standard therapy of twice-weekly isoniazid and rifampin.

Both groups of patients were then followed for 2 years. Forty-six (9.2%) patients who took the once-a-week regimen either relapsed or experienced treatment failure. Twenty-eight (5.6%) patients who took the twice-weekly regimen relapsed or had a treatment failure. In a life table analysis, these rates were 10.3% and 5.9%, respectively. In a proportional hazards regression model, which adjusted for imbalances in key risk factors at enrollment, five factors were significantly associated with risk of failure or relapse: 1) positive sputum culture at 2 months, 2) cavitation on chest x-ray, 3) being more than 10% underweight at diagnosis, 4) having bilateral disease on chest x-ray, and 5) being of white race/ethnicity. The difference between treatment arms was not statistically significant in this regression analysis. Importantly, the rates of failure or relapse among patients with no cavitation on x-ray were quite similar in the two treatment arms (2.9% vs. 2.5%, respectively). Mortality and toxicity were similar in the two groups. The study investigators concluded that the once-weekly regimen was not as efficacious as the twice-weekly regimen, but that the once-weekly isoniazid and rifapentine regimen performed well in HIV-negative TB patients who did not have cavitation on chest x-ray. These investigators recommend that this regimen be considered for use in such patients. Revised ATS/CDC treatment recommendations are expected to appear in late 2002, and will address the use of this regimen.

Since the once-weekly isoniazid and rifapentine regimen is administered less frequently than the standard regimen, costs associated with directly observed therapy are diminished,[2] and adherence may be improved, helping to cure more HIV-negative TB patients and prevent further TB transmission. The once-weekly regimen is not recommended for HIV-infected TB patients. CDC is interested in learning of programmatic experience with this regimen in appropriately selected HIV-negative TB patients.

—Reported by Andrew Vernon, MD, MHS
Div of TB Elimination

References

1. Findings from the HIV-positive arm were published in *Lancet* in 1999 (Vernon A,

Burman W, Benator D, Khan A, Bozeman L. Relapse with rifamycin mono-resistant tuberculosis in HIV-infected patients treated with supervised once-weekly rifapentine and isoniazid. *Lancet* 1999;353:1843-1847).

2. Taylor Z, Qualls N, Vernon A, Villarino E, O'Brien R. A prevention effectiveness study of rifapentine in the continuation phase of therapy for active pulmonary tuberculosis. Abstract. *Am J Respir Crit Care Med* 2000; 161: A524.

NEW CDC PUBLICATIONS

CDC. Increase in African immigrants and refugees with tuberculosis — Seattle-King County, Washington, 1998-2001. *MMWR* 2002; 51 (39): 882-83.

Gupta R, Cegielski P, Espinal MA, et al. Increasing transparency in partnerships for health -- introducing the Green Light Committee. *Tropical Medicine and International Health* 2002:7(II); 970-76.

Ijaz K, Castro K. Pediatric tuberculosis: all in the family? Editorial. *Infect Control Hosp Epidemiol* 2002; 23(10): 562-563.

Ijaz K, Dillaha JA, Yang Z, Cave MD, Bates JH. Unrecognized tuberculosis in a nursing home causing death with spread of tuberculosis to the community. *J Am Geriatr Soc* 2002; 50: 1213-1218.

Kenyon TA, Creek T, Laserson K, et al. Risk factors for transmission of *Mycobacterium tuberculosis* from HIV-infected tuberculosis patients, Botswana. *Int J Tuberc Lung Disease* 2002 Oct: 6 (10); 843-850.

Marks SM, Taylor Z, Miller BI. Tuberculosis prevention versus hospitalization: taxpayers save with prevention. *J Health Care Poor Underserved* 2002; 13: 392-401.

O'Brien RJ. Studies of the early bactericidal activity of new drugs for tuberculosis: a help or a hindrance to antituberculosis drug development? *Am J Respir Crit Care Med* 2002; 166: 3-4.

Panlilio AL, Burwen DR, Curtis AB, et al. Tuberculin skin testing surveillance of health care personnel. *Clin Infect Dis* 2002 Aug 1; 35 (3): 219-227.

Selvakumar N, Rahman F, Garg R, et al. Evaluation of the phenol ammonium sulfate sedimentation smear microscopy method for diagnosis of pulmonary tuberculosis. *J Clin Microb* 2002 Aug; 40 (8): 3017-20.

Selvakumar N, Rahman F, Rajasekaran S, Narayanan PR, Frieden TR. Inefficiency of 0.3% carbol fuchsin in Ziehl-Neelsen staining for detecting acid-fast bacilli. *J Clin Microb* 2002 Aug; 40 (8): 3041-3.

Spradling P, Drociuk D, McLaughlin S, et al. Drug-drug interactions in inmates treated for human immunodeficiency virus and *Mycobacterium tuberculosis* infection or disease: an institutional tuberculosis outbreak. *CID* 2002: 35 (1 November); 1106-12.

Spradling P, Nemtsova E, Aptekar T, et al. Anti-tuberculosis drug resistance in community and prison patients, Orel Oblast, Russian Federation. *Int J Tuberc Lung Dis* 2002 Sep; 6 (9): 757-62.

Talbot EA, Jensen PA, Moffat HJ, Wells CD. Occupational risk from ultraviolet germicidal irradiation (UVGI) lamps. *Int J Tuberc Lung Dis*

2002 Aug; 6(8): 738-41.

Wilce M, Shrestha-Kuwahara R, Taylor Z, Qualls N, Marks S. Tuberculosis contact investigation policies, practices, and challenges in 11 U.S. communities. *J Public Health Management Practice* 2002; 8(6): 69-78.

PERSONNEL NOTES

Tina Albrecht, MPH, a public health advisor (PHA) with the Field Services Branch, was reassigned on August 12 to Berkeley, CA, where she works at the state TB Control Branch as the Outbreak Response Coordinator. In addition to providing technical assistance for outbreaks and extended contact investigations, her current responsibilities also include implementing an exposure control plan, helping to develop a formalized mechanism for evaluation of the outbreak team, and tracking costs associated with responding to outbreaks. Prior to her assignment to California, Tina was a PHA trainee in Ft. Lauderdale, FL, where she provided case management and DOT/DOPT services, conducted contact investigations, and assisted with data collection and analysis for the production of ARPEs. Before joining CDC, she was a biological science technician with the U.S. Department of Agriculture in New Orleans, Louisiana. She earned a bachelors degree in biology from California State University, Chico, California, in 1994 and a masters degree in public health in tropical medicine from Tulane University in 1999. She served with the Peace Corps in Ghana from 1995 to 1997.

Anjabebu (Lily) Asrat, MPH, a CDC Public Health Prevention Specialist, began a 6-month assignment in September with DTBE's Research and Evaluation Branch (REB). She received her MPH degree from Tulane University's School of Public Health and Tropical Medicine. Lily will be working on TB case management issues with Robin Shrestha-Kuwahara and Maureen Wilce.

Sandra Doster Bart, policy coordinator in the Office of the Executive Secretariat and a former DTBE employee, has retired after 38 years of service. Sandy started her federal career at CDC in 1964 as a secretary. In the mid-1970s, she began attending college at night to earn her degree. After obtaining a bachelors degree, she expressed interest in becoming a public health advisor (PHA), and was assigned to the field by John Seggerson, then chief of field service activities in DTBE. She carried out her PHA responsibilities well and was respected by her colleagues and supervisors. She eventually returned to Atlanta as a PHA in the CDC immunization program. She then relocated to Washington, DC, and in 1985, joined the staff of the Office of the Assistant Secretary for Health. In 1995, Sandy moved to the Office of the Executive Secretariat, where she served as Acting Deputy Director of the Office during the final months of HHS Secretary Donna Shalala's tenure. Her team received the Secretary's Award for Distinguished Service, the highest award the Secretary can bestow. HHS Secretary Tommy G. Thompson said that "Sandy Bart's time at HHS was marked by her dedication to excellence, intense professionalism, and indefatigable commitment to the American people. She was an irreplaceable member of the HHS community, and we will miss her generous spirit." Sandy plans to return to her hometown of Atlanta, Georgia.

Betsy Carter, MPH, has been selected as a Health Education Specialist in the DTBE Communications and Education Branch (CEB).

Betsy first joined CEB as an Association of Schools of Public Health (ASPH) Fellow in September 2000, after completing an MPH in Health Promotion and Education from the University of South Carolina School of Public Health. In the 2 years that Betsy has been with DTBE, she has made major contributions on a number of projects, including the TB Information Guide CD-ROM; the TB Education and Training Network meeting and workshop; the Duty Officer survey; and the development, evaluation, and implementation of the new DTBE intranet site. Betsy made the transition to full-time DTBE employee on August 12.

Phyllis Cruise has accepted the Field Services Branch position of Chief, Field Operations Section I, and will be replacing Olga Joglar. Phyllis is currently the senior public health advisor assigned to the Texas TB Control Program. Phyllis has a wealth of experience both in the field and here in headquarters. She has recently proved invaluable in providing programmatic assistance following outbreaks in Georgia and Oklahoma. It will be a pleasure to welcome Phyllis back to headquarters as she begins a new phase in her career.

Nick DeLuca, MA, was selected as a Lead Health Education Specialist in the DTBE Communications and Education Branch (CEB). Nick began his career with CEB as an Association of Schools of Public Health (ASPH) Fellow. He came to DTBE from the University of Alabama at Birmingham School of Public Health in 1997. In his time in DTBE, he has had lead responsibility for a wide variety of products and activities, including the Web-based self-study modules, self-study modules 6-9, the TB resource guide, and the District Training Modules for use in Russia. Nick will be the team leader for behavioral science, training, and education activities.

Kim Do, assigned to the Los Angeles TB Control Program, was recently selected for the public health advisor (PHA) position in Los Angeles. Currently, his duties include working with the detention program, chairing the weekly Detention meeting, and acting as liaison between district health centers, the TB Control Program, and MDRTB patients. Kim is the contract monitor and technical consultant for a local community-based organization hired to do targeted testing for LTBI in the foreign-born Asian population in Los Angeles County. When he was first assigned to the Los Angles TB Control Program in 1999, he was a supervisor and a chairperson for TB Control's Health and Wellness Program until July 2002. Prior to accepting the 1999 DTBE assignment, he worked for the Division of Sexually Transmitted Diseases (DSTD). His duty locations while in DSTD included West Palm Beach Florida from 1989 to 1990; Washington, DC, from 1990 to 1992; and the Los Angles DSTD Program from 1992 to 1999. Kim attended the University of Colorado, where he received a BS in Kinesiology in 1988.

Daniel Dohony was selected as the senior public health advisor (PHA) to the Philadelphia TB Program. Dan came to us from the National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Lead Poisoning Branch. He worked in the field as a senior PHA for the Philadelphia Childhood Lead Poisoning and Prevention Program from 1993 to the 2000. There he acted as the assistant to the local program director. He also served as program chief of the Allegheny county lead program in Pennsylvania from 1991 to 1993. Prior to this, Dan worked for the Division of Sexually Transmitted Disease Prevention in a number of different positions, including Assistant

Program Director in Los Angeles from 1989 to 1991, State Program Director in Mississippi from 1987 to 1989, Regional Supervisor in Tennessee from 1984 to 1987, and Program Representative in Maryland and Ohio from 1981 to 1984. Dan started his assignment on June 2, 2002.

Hsin-Hsin Foo, MPH, joined DTBE in September as an ASPH/CDC Fellow. Hsin-Hsin (pronounced Shing-Shing) attended Columbia University, where she completed a bachelor of arts degree in biology. Prior to receiving her masters degree in public health in Community Health Sciences from UCLA, she worked at a medical education company and a community health research group, as well as at several advertising and marketing firms. Her passion lies with communications, especially the development of new technologies. She assisted in the production of radio and TV advertisements regarding various health issues, and produced a video and Web site. In addition, she developed print materials including a manual for pro-bono attorneys and a series of brochures targeting battered Asian/Pacific Islander women. In DTBE, she will be involved with a variety of projects in the Communications and Education Branch.

Maria Fraire, MPH, was selected as a Lead Health Education Specialist in the DTBE Communications and Education Branch (CEB). She started her career in DTBE as an Association of Schools of Public Health (ASPH) Fellow. Maria came to DTBE from Emory University in 1996. In her time here, she has had lead responsibility for a wide variety of products and activities, including the implementation of the new TB Program Managers' course, update of the Core Curriculum, and content development and management of the DTBE internet and intranet. Maria will be the team leader for communication activities.

Jennifer Giroux, MD, was assigned in late July to work in the Field Services Branch with Dr. John Jereb while she completes a preventive medicine residency. Jennifer is also completing her masters degree in public health from the University of Minnesota School of Public Health where she was a Fellow with the Center of American Indian and Minority Health. She became interested in TB after investigating high TB mortality rates among American Indians in South Dakota in 1998. While she works at DTBE, Jennifer is interested in learning about methods of increasing TB program productivity. Jennifer received her medical degree from the University of South Dakota in 1996 and then completed her internship at the University of North Dakota in Fargo. She joined the Epidemic Intelligence Service (EIS) program in 1998, and served as the EIS Officer assigned to the Indian Health Service National Epidemiology Program in Albuquerque, New Mexico, until 2000. During her EIS years, Jennifer investigated a number of illnesses, including a food-borne outbreak, methicillin-resistant staphylococcus aureus, Hanta virus, plague, fatal TB cases, hepatitis B mortality, and molar (false) pregnancies. Jennifer is a member of the Rosebud Sioux Tribe of South Dakota. She has worked with the Indian Health Service, where she focused on prevention of HIV/AIDS and cancer in the Great Plains states.

Teresa Goss left the DTBE Field Services Branch (FSB) in August 2002 after accepting a promotion to the position of Management and Program Analyst in the National Center for Infectious Diseases, Scientific Resource Program, at Clifton Road. She is returning to DTBE on November 18 as a Management and

Program Analyst in the DTBE Communications and Education Branch. She is assuming the duties and responsibilities previously performed in CEB by Vivian Siler. Teresa was a Program Operations Assistant in FSB from May 2000 until August 2002. Prior to her assignment in FSB, Teresa worked as a Program Operations Assistant in the DTBE Surveillance and Epidemiology Branch from 1998 to 2000.

Tim Holtz, MD, MPH, has joined the International Activities office. Tim is originally from Iowa, went to medical school at the University of Iowa, has an MPH from Johns Hopkins University, and completed his internal medicine residency at Cambridge Hospital, Massachusetts. Tim has extensive international health experience, having spent time working in Haiti, Pakistan, India, Nepal, Thailand, and South Africa during medical school and residency. Following his residency, he completed a 1-year fellowship in human rights and health at Columbia University, and spent that entire year living with Tibetan refugees in Dharamsala, India. Tim was also a founding member of Doctors for Global Health, a human rights and health nongovernmental organization (NGO) that has primary care projects in Mexico, El Salvador, Nicaragua, Peru, Uganda, and Nigeria. He was an Epidemic Intelligence Service (EIS) officer from 1999 to 2001 in the Malaria Branch, National Center for Infectious Diseases, and has just completed a 1-year preventive medicine residency in New York City. Tim will be working on projects in Latvia and South Africa.

Michele Huitrec, MPH, has joined DTBE in the Communications and Education Branch (CEB) as an Association of Teachers of Preventive Medicine (ATPM) Fellow. In 2000 Michele earned an MPH from the University of Michigan School of Public Health in health behavior and health education. Most recently, she worked as a Web content producer for the Mayo clinic's consumer health Web site, www.Mayoclinic.com. Her work there included researching and writing health articles and creating health management programs. Michele will be working on a variety of projects in CEB, one of which will include World TB Day. Michele began working in CEB on September 16.

Stormy Hulit completed a summer internship with the Field Services Branch (FSB). She came to DTBE from the Omaha Reservation, where she is pursuing a nursing degree at Little Priest Tribal College in Winnebago, Nebraska. In 2001 she joined the American Indian Science and Engineering Society (AISES), which offers summer internships to student members. In June 2002, Stormy accepted a position with Dr. John Jereb in FSB. While in Atlanta, she helped with office work throughout DTBE while studying the fundamentals of TB pathogenesis, epidemiology, and program operations. For one of her projects she prepared a report about the current TB control systems for Eastern Nebraska, and ultimately went on an Epi-Aid field investigation as a data-management assistant. "I want to thank all the people at CDC for the warm welcome that I received when I got here. It really meant a lot to me," she said. She is now advising her peers to get involved in career opportunities available for American Indian scholars.

Kashef Ijaz, MD, MPH, has been selected as the Chief, Outbreak Investigations Section, SEB. Kashef received his MD from King Edward Medical College, University of Punjab, Pakistan, and his MPH in epidemiology from the College of Public Health, University of Oklahoma. After completing his training, he worked as medical epidemiologist with the Division of TB at the Arkansas Department of Health and University of

Arkansas for Medical Sciences, where he held an appointment as Assistant Professor of Medicine in the Division of Pulmonary and Critical Care. During his 7 years at the Arkansas Department of Health, he worked with TB experts like William W. Stead, Joseph H. Bates, Kathleen Eisenach, and Don Cave. He investigated numerous TB outbreaks in prisons, homeless shelters, nursing homes, and other high-risk population groups. He was also one of the principal investigators for the Arkansas sentinel surveillance site for CDC's National Genotyping and Surveillance Network and the principal investigator for the Arkansas TB Epidemiological Studies Consortium site before joining the Outbreak Investigations Section in the Surveillance and Epidemiology Branch, DTBE, in January 2002. Kashef has published in peer-reviewed journals and has presented extensively on tuberculosis both at national and international meetings.

Cristel Johnson has joined DTBE'S Surveillance and Epidemiology Branch in the Surveillance Section as a software transition specialist. She will be assisting in the transition to NEDSS and the next maintenance release of TIMS. She has a BA in Business Administration and Management of Information Systems and 17 years of project management and technology experience. Most recently she was the technology manager for a private K-12 school, where she managed all technical projects, a 3-person IT staff, all vendor relationships, and the annual IT budget. Earlier in her career (1990), she worked for CDC as part of the AIDS microcomputing team responsible for the data management and support of the AIDS surveillance system. Christel is very skilled in providing support to end-users of software systems, and will be a valuable member of our team in collaborations with our stakeholders, FSB, and CSB on the TB program area module development for NEDSS.

Olga Joglar has accepted the Field Services Branch position of senior public health advisor in Puerto Rico. Olga has been the Chief of Field Operations Section I and has done an outstanding job in that position. During her tenure, she assisted in the reorganization of the program consultant project areas and has served as a mentor to two new program consultants. She will be missed; happily, Olga will remain in the DTBE family as she begins a new phase in her career in Puerto Rico. Olga's transfer will be effective in November 2002.

Dolly Katz, Ph.D. (EIS '95), joined DTBE at the end of August as an epidemiologist in the Surveillance and Epidemiology Branch, Epidemiologic Studies Section. Dolly most recently worked for the Florida Department of Health's Bureau of Epidemiology as the regional epidemiologist for the 12 counties of south Florida. She was also an adjunct assistant professor of epidemiology at the University of Miami School of Medicine. She received her MPH and her PhD in epidemiology from the University of Michigan School of Public Health. Before she became an epidemiologist, Dolly was a journalist; for most of her journalism career she was the medical reporter for the Detroit Free Press. Dolly will be working with the new TB Epidemiologic Studies Consortium as a senior epidemiologist.

Mark Miner was selected for the senior Public Health Advisor (PHA) position in the Baltimore TB Program. Mark previously worked as a Public Health Representative II with the New York State Department of Health TB Bureau from January 1993 to August 2002. His duties included monitoring TB cases and suspects for a 14-

county region in Central New York. This involved field visits to various county health departments where he reviewed completion of morbidity reports, and consulted with county clinical and administrative staff. Prior to working with the New York State Department of Health, Mark worked as a Public Health Sanitarian for the health departments in Oneida and Madison counties in New York. Mark also taught health classes to middle school and high school students at the Canastota Central School District in New York. Mark started his assignment on August 11, 2002.

Abraham Miranda, MD, joined the staff of the International Activity office in July 2002 as an Epidemic Intelligence Service (EIS) officer (2002-2004). Abe is board certified in internal medicine and in infectious diseases and comes to CDC from a position as Deputy Medical Director for the Division of Immigration Health Services, Health Resources and Services Administration (HRSA). He brings extensive experience in TB control and border health issues to his new position, having previously been a member of the TB in Immigrants Workgroup of the Advisory Council for the Elimination of Tuberculosis and a member of the Border Health Workgroup at HRSA. Abe is the author of several infectious disease textbook chapters and journal articles.

Patrick Nadol, MPH, a CDC Public Health Prevention Specialist, began a 6-month assignment in September with DTBE's Research and Evaluation Branch. He received his MPH degree from Tulane University's School of Public Health and Tropical Medicine. Patrick will be working on the NAA study with Drs. Jerry Mazurek and Noreen Qualls.

Jason Nehal, MPH, previously assigned to the Chicago TB program, has been selected for the senior public health advisor (PHA) position in Honolulu, HI. He will be working closely with Dr. Jessie Wing, DTBE medical officer and state TB Program Director, and will provide management, supervision, and technical, epidemiologic, and programmatic consultation to the TB control officer and staff, among others. He began his assignment on July 28. Prior to his DTBE assignment Jason worked for the Division of Sexually Transmitted Diseases in both Ohio and Chicago, with his first assignment for CDC beginning September 22, 1991. His first position with DTBE was his assignment in 1999 to the Chicago, Illinois, TB control program. His responsibilities there included grant writing, budget preparation, and analysis of data from the TB Information Management System (TIMS) to measure program outcomes against objectives. Jason attended Ohio State University where he received his BA degree, majoring in Spanish. He recently earned his MPH degree from Tulane University where he had previously earned his Graduate Certificate in surveillance and epidemiology.

Farah Parvez, MD, a board-certified pediatrician, has joined the DTBE Field Services Branch (FSB). She entered the U.S. Public Health Service Commissioned Corps and Epidemic Intelligence Service (EIS) in 1998, and worked in the Hospital Infections Program. After completing her EIS training, she entered the CDC Preventive Medicine Residency program. During the first year of her residency, Farah obtained her masters degree in public health in health policy and management at the Johns Hopkins Bloomberg School of Public Health. For the practicum year of her residency, she worked in the Bureau of Community HealthWorks, in the New York City Department of Health and Mental Hygiene (NYCDOHMH). Farah is currently a CDC

assignee at the NYCDOHMH working as the Medical Director of the Office of Oversight of Correctional Health. Her responsibilities include oversight of clinical and preventive services to inmates within the New York City jail system; facilitating enhancement of a public health focus into current clinical activities at Rikers Island and the Borough Houses of Detention; facilitating increased correctional health-related communication and coordination between key partners; and facilitating incorporation and coordination of city, state, and federal public health program priorities into current clinical and preventive services provided to NYC jail inmates.

Cathy Rawls, MPH, has joined DTBE as an Association of Schools of Public Health (ASPH) Behavioral Research Fellow in the Communications and Education Branch. She began her fellowship on September 12, and will be working on various behavioral science research projects in CEB. Cathy graduated in May 2002 from the Health Behavior and Health Education Program in the School of Public Health at the University of North Carolina at Chapel Hill, where she also received a BA in sociology. Prior to entering graduate school, Cathy served 2 years in the Americorps Volunteers in Service to America (VISTA) program as a Family Literacy project coordinator and in the Public Allies program as an HIV/AIDS health educator.

Halsey Rhodes, who was assigned as a public health advisor (PHA) trainee in Edison, NJ, has been assigned with promotion since June 2 to the state TB program in Trenton under the supervision of the senior PHA, Ken Shilkret. Halsey provides technical advice and assistance in the management of TB control activities to the county health departments. In addition, he provides TB consultation to NJ health care providers, health agencies, and community-based organizations, and is the liaison to the state Division of AIDS Prevention and Control. He also compiles and analyzes data regarding TB activities in the state. Halsey's previous training was as a Health Service Representative for the State of Florida, and as coordinator for Preventive Medicine activities with the United States Coast Guard.

Frank Romano, one of the Field Services Branch's public health advisor (PHA) trainees assigned in Chicago, was selected for the PHA position in Tallahassee, FL. Frank will be working with senior PHA Heather Duncan on a number of programmatic and operational activities. Frank began his career in public health in 1995 as a Disease Intervention Specialist for the Louisiana TB control program in New Orleans. In 1998, Frank was promoted to Regional TB Surveillance Coordinator responsible for all surveillance and reporting activities in New Orleans and the surrounding region. He started his new assignment on July 14.

Lisa Rosenblum, MD, MPH, joined the Surveillance and Epidemiology Branch in the Epidemiologic Studies Section (SEB/ESS) on July 19, 2002. Lisa completed her BA degree at Brown University in 1978; her MD degree at SUNY Upstate Medical Center in 1984; an MPH degree at Johns Hopkins in 1986; and a Preventive Medicine Residency at Johns Hopkins in 1987. She joined the Epidemic Intelligence Service (EIS) program in 1987 and worked at CDC for 13 years in the International Health Program Office (IHPO), the Hepatitis Branch in the National Center for Infectious Diseases (NCID), the Division of HIV/AIDS in NCID, and the National Center for Environmental Health (NCEH). Lisa was involved in public health

volunteer work overseas as a youth, and also worked in underserved areas through CDC assignments.

Nong Shang, PhD, has joined DTBE in the Computer and Statistics Branch, where he is working on the Biostatistics team. He received his PhD degree from the University of California, Berkeley, in 1993. Nong comes to DTBE from the Rensselaer Polytechnic Institute, where he taught design of experiments, statistical computing, math modeling, advanced applied regression analysis, and survey sampling methods. As a research statistician he has collaborated with biologists, physicians, and engineers in studies related to environmental, genetics, and biologic tests. He will initially be assigned to the tasks of further developing math models for TB transmission and providing support to the TB Trials Consortium studies.

Ken Shilkret, senior public health advisor (PHA) in New Jersey and a CDC employee since 1964, retired from CDC on November 2, 2002. After 2 years of active duty as a commissioned officer with the U.S. Army at Ft. Hamilton, NY, Ken started with CDC as a Program Representative with the Division of Social Hygiene, New York City Department of Health, in January 1964. Between 1964 and 1968, Ken worked as a venereal disease (VD) investigator in the reactor program, and coordinated professional and community educational activities in two districts. He was also a recruiter for the CDC VD program for one year. Ken transferred from the Division of VD to the Division of TB in 1968 where he served as a CDC field assignee in the Detroit-Wayne County Health Department (Assistant to the TB Controller) and the Michigan Department of Public Health (Chief of the TB Control Program) from 1969 until 1974, when he was transferred to the New Jersey Department of Health and Senior Services (NJDHSS). While there he was promoted to the Chief of the Communicable Disease Operations Program. His duties included evaluation of the TB programs and grants; all of the immunization program; and communicable disease education, including AIDS, from 1983 to 1985. In 1985 he became Chief of the Field Program (TB Program). In 1991 Ken was named manager of the TB Program, the job he holds as he retires. In this position, Ken coordinated departmental activities in TB control and prevention, covering every aspect of running a program including planning and goal development, staffing, operations, fiscal management, and preparation of federal TB cooperative agreement applications and periodic progress reports. Ken worked as the project manager for CDC/NJDHSS research projects, and he participated on several CDC planning committees and focus groups. He coordinated the expansion of TB surveillance data. Ken's role was expanded to include serving as a mentor and site supervisor for the 2001 cohort of DTBE PHAs. Ken was also a member and recorder of the DTBE Field Staff Working Group; a member of the Public Health Task Force with the NJDHSS; a speaker or coordinator at TB conferences, meetings, and training sessions; and a faculty member for training and education courses at the New Jersey Medical School National TB Center at UMDNJ and CDC. Ken has co-authored 12 TB-related manuscripts. He has been a participating member of many organizations including the American Lung Association of New Jersey, the National Tuberculosis Controller's Association, the New Jersey Public Health Association, the New Jersey Thoracic Society, and the Watsonian Society. Ken's awards over his career have been numerous. He received the U.S. PHS Group Special Recognition Award as part of the

Combating MDR TB Team in August 1993; the New Jersey Public Health Association Presidents Award in March 1994; and a plaque from the New Jersey Corrections Health Management Team in December 1997. Ken was presented with the "National Tuberculosis Icon Award" at the National TB Controllers Workshop in Alexandria, VA, on June 19. Lee Reichman, MD, Executive Director of the New Jersey Medical School National Tuberculosis Center, made the presentation on behalf of the Center "in recognition of Ken's outstanding leadership and commitment to the elimination of tuberculosis in the State of New Jersey." In September 2002, he was given a recognition award from the New Jersey Health Officers Association. Ken plans to shift into retirement gradually by continuing to work in a health-related field for a few more years after he leaves CDC. He will be greatly missed and we wish him the best in his new career direction.

Vivian Siler joined the Field Services Branch as the Lead Program Operations Assistant on September 9, 2002. She started her career with CDC in 1993 working as a contractor with the Viral and Rickettsial Diseases Branch in the National Center for Infectious Diseases as a Call Management Operator. From 1995 to 1999, Vivian worked with Analytical Sciences Incorporated and the National Prevention Information Network as a Senior Information Specialist within the NCHSTP Office of Communications providing support to the Information Dissemination Section. In 1999, she became a full-time staff employee with the Division of TB Elimination, Communications and Education Branch, as a Program Operations Assistant.

LouElla Simonetti has been selected for the newly created Management and Program Analyst position in Field Services Branch (FSB). LouElla will play a key role in the upcoming TB cooperative agreement process by working closely with the program consultants to assist them with logistical, procedural, and administrative aspects of the review process, in particular, and other grant-related activities throughout the year. She has been given the lead on managing the administrative aspects of our field staff personnel which includes developing, tracking, updating, and implementing personnel actions and maintaining the branch's personnel files. She is developing tracking systems to report on the status of FSB/FOS operations upon request. Before accepting this position, LouElla was assigned to NCHSTP, Prevention Support Office, Office of Director, as a Program Assistant where she assisted with extramural funding, minority health, and the Tuskegee Health Benefit Plan. Her experience here at CDC includes previous positions with the Computer and Statistics Branch (CSB), DTBE, and several detail assignments to the Procurement and Grants Office (PGO) and with the Human Resources Management Office (HRMO). LouElla reported to FSB on July 2.

Todd Wilson, MS, CHES, has joined the Surveillance and Epidemiology Branch as an epidemiologist in the Surveillance Section. Todd will assume most of the duties performed by Gloria Kelly, who is retiring at the end of 2002. These responsibilities include producing our annual surveillance report and responding to data requests, and several other activities will be added in the areas of data management, data analysis and dissemination, and the TIMS to NEDSS transition. Todd just completed his fellowship in the Public Health Prevention Service, a 3-year program which included 6-month rotations at CDC in the Division of Adolescent and School Health and the Division

of Viral and Rickettsial Diseases, and a 2-year assignment to the Las Cruces District Office of the New Mexico Department of Health. His broad-based fellowship experience included epidemiologic training and health education and promotion activities, which built on his educational background in health promotion and work experience in marketing. Todd has a BA in Journalism (1991) and an MS in Health Promotion/Health and Sport Sciences (1999) from the University of Oklahoma, and is also a Certified Health Education Specialist.

Kevin Winthrop, MD, has joined the division in the Field Services Branch (FSB). Kevin, a native of Oregon, attended Yale University, where he played varsity baseball and earned a BA in evolutionary biology. Following graduation, he traveled through Asia for 6 months before returning to Portland, Oregon. Kevin attended medical school at Oregon Health Sciences University, Portland, Oregon, receiving his MD *cum laude*. He completed his internship at Emanuel Hospital in Portland, and then completed one year of ophthalmology residency at Stanford University before joining CDC as an Epidemic Intelligence Service (EIS) Officer. While in the EIS, he was stationed with the Disease Investigations Section of the California Department of Health Services, where he had the opportunity to investigate outbreaks in a diverse range of habitats — from nail salons to LASIK eye centers to the site of the Winter Olympics. After finishing EIS, he joined FSB/DTBE to assist the Tuberculosis Control Branch of the California Department of Health Services. He and his wife have a 2-year-old daughter and live in Berkeley, California. He likes to play guitar, make wine, and forage for culinary mushrooms in his spare time.

Charles Woodley, PhD, retired in May from the Tuberculosis/Mycobacteriology Branch, National Center for Infectious Diseases (NCID). His 34 years in the mycobacteriology laboratories at CDC were highlighted by studies of the genetics of mycobacteria, work on identification and drug susceptibility testing of *Mycobacterium tuberculosis* and nontuberculous mycobacteria, and, most recently, the DNA fingerprinting of *M. tuberculosis*. Dr. Woodley contributed to the development and standardization of the IS*6110* restriction fragment length polymorphism (RFLP) method of fingerprinting *M. tuberculosis* and played a key role in the application of this method in response to the reemergence of tuberculosis and outbreaks of multidrug-resistant disease in the early 1990s. He was also an integral part of the National Tuberculosis Genotyping Surveillance Network. His accomplishments are reflected in numerous publications and in the many laboratorians who were trained over the years.

Misty Worley, MPH, who was an Association of Schools of Public Health (ASPH) Fellow in health education and instructional design, has completed a one-year fellowship in the Communications and Education Branch (CEB) and moved back to Oklahoma City, Oklahoma. While at DTBE, Misty's contributions included revising the print-based TB resource guide, assisting with the planning for the National TB Controller's Association Meeting, developing the TB ETN marketing brochure, and assisting in the production of the Mantoux skin test video.

Zhen Zhao, PhD, has joined the division in the Computer and Statistics Branch (CSB). Zhen holds a PhD degree in statistics from the University of Georgia (1991) and has been a

senior mathematical statistician with the National Immunization Program since January 2000, where he worked on the National Immunization Survey. From 1994 through 2000 he worked as a contract biostatistician in diverse programs at CDC and has coauthored more than 20 papers or presentations. Zhen began working with DTBE on August 12 and will be initially dedicated to supporting the TB Trials Consortium studies.

IN MEMORIAM

Laurence S. Farer, MD, a past director of DTBE, died October 11 at the age of 65 as a result of a brain hemorrhage. For 24 years, he served as a U.S. Public Health Service Medical Officer, becoming internationally renowned as an expert on TB and its control. He served as Director, Division of TB Control, and Director, Division of Quarantine at CDC. During his career, Dr. Farer received numerous awards for exemplary service, including the Outstanding Service Medal, the Foreign Duty Award, and the Smallpox Eradication Campaign Service Award.

Born in The Bronx, New York, Dr. Farer graduated from Cornell University with honors. He received his medical degree from New York University and a masters degree in public health from Harvard University. Dr. Farer was a Fellow at the National Institutes of Health. He was widely published in professional journals, and was a longtime member of the International Union Against TB and Lung Disease and of the American Thoracic Society. Of his many career achievements, he was most proud to have participated as a CDC medical officer in the 1977 World Health Organization campaign that successfully eradicated smallpox worldwide.

Dr. Farer is remembered by colleagues for his extraordinary ability to apply his vast knowledge of science and medicine, and for his integrity, brilliant intellect, professionalism, sense of humor, and administrative talent. He was a demanding yet inspiring and compassionate mentor. In his work, he was able to formulate logical, persuasive arguments that were always a strong force for good. After retiring in 1988, he remained active by serving as a technical consultant to CDC.

A consummate bird watcher, Dr. Farer attained a remarkable life list of sighting almost 5000 birds. His global travels to observe birds in their local habitats took him to Kenya, Bhutan, The Himalayas, Madagascar, and the Amazon rain forest. He visited every continent except Antarctica. Leading nature walks and birding trips, Dr. Farer was a compelling raconteur who brought seemingly sleepy woodlands and meadows to life. He was on the Board of Directors of the Audubon Society in Asheville, NC. As a generous, caring philanthropist, he benefitted conservation and humanitarian charities. His brother, Dr. James W. Farer, a loving extended family, and a worldwide network of friends survive him.

CALENDAR OF EVENTS

November 9-13, 2002
130th APHA Annual Meeting and Exposition
Philadelphia, Pennsylvania
American Public Health Association
Tel: (202) 780-5600
Web site for information: www.apha.org/meetings

November 10-14, 2002
American Society of Tropical Medicine and

Hygiene
51st Annual Meeting
Denver, Colorado
Tel: (847) 480-9592

November 18-19, 2002
TB Supervisor's Workshop
Newark, New Jersey
NJ Medical School National TB Center
Contact: Education and Training Dept.
Tel: (973) 972-0979

November 18-19, 2002
Cohort Review Methodology: The Patient Review Approach
New York City (multiple sites in Manhattan)
Charles P. Felton National TB Center and NYC Department of Health TB Control Program
Contact: Bill Bower, Dir, Education and Training
Tel: (212) 939-8258
E-mail: blb3@columbia.edu
Web site for more information:
www.harlemtbcenter.org

December 10-13, 2002
4th National Conference on Laboratory Aspects of Tuberculosis
San Francisco, California
Association of Public Health Laboratories and CDC
Web site for more information:
www.aphl.org/National_Conferences/4thTBConf.cfm

December 11, 2002
TB Update course
Location to be determined
Francis J. Curry National Tuberculosis Center
Contact: Training Coordinator
Tel: (415) 502-4600; fax: (415) 502-4620
E-mail: tbcenter@nationaltbcenter.edu
Web site for more information:
www.nationaltbcenter.edu

February 11-13, 2003
TB Intensive course
San Francisco, California
Francis J. Curry National Tuberculosis Center
Contact: Training Coordinator
Tel: (415) 502-4600; fax: (415) 502-4620
E-mail: tbcenter@nationaltbcenter.edu
Web site for more information:
www.nationaltbcenter.edu

March 10-13, 2003
Case Management and Contact Investigation course
San Francisco, California
Francis J. Curry National Tuberculosis Center
Contact: Training Coordinator
Tel: (415) 502-4600; fax: (415) 502-4620
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www.nationaltbcenter.edu

May 16-21, 2003
ATS 2003 International Conference
Seattle, Washington
American Thoracic Society
Web site for information:
www.thoracic.org/ic/ic2003/default.asp

July 15-17, 2003
TB Intensive course
San Francisco, California
Francis J. Curry National Tuberculosis Center
Contact: Training Coordinator
Tel: (415) 502-4600; fax: (415) 502-4620
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